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THE FATHER IN THE FAMILY

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CHILD STUDY IS A CAREER

BOOK REVIEWS

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Editorial Comment

THEORY is essential to research—it can also be interesting. Most of the BULLETIN content has concentrated on practical applications. But lurking behind these practical articles has been considerable factual information obtained through research, and also much theory. In this issue we present two articles in which theory comes out into the open. These are the articles by Dr. Blatz and Dr. Grapko.

During the lifetime of the Institute, the central theory which has provided a guide for research as well as practice has been the "Security Theory." This theory, developed by Dr. Blatz and his staff, has undergone minor modifications in the last thirty years and will continue to be refined and changed in detail as new insights are gained.

Theory is not just speculation or opinion. Rather it is the best possible interpretation of present knowledge. As knowledge increases, theory improves. That is what has been happening at the Institute. Our task is not so much a matter of proving the Security Theory right or wrong, as making the theory more adequate, meaningful, and usable. Theory is not contrasted with facts, but is rather our best insight as to what the facts mean. Knowledge is always partial and incomplete. Theory makes use of all the knowledge we have, and at the same time helps to fill in the gaps.

In his article, Dr. Blatz provides a point of view, an "approach" to theory, in which the positive aspects of health are emphasized. Dr. Grapko has managed to present in very brief form the essentials of the Security Theory. As new items of knowledge about child development are discovered, modifications and refinements of the theory are to be expected. Thus the Security Theory is not the last word, but rather the interpretation of what we know at present about development and mental health. We commend these articles to our readers, but warn that they call for more than cursory reading.

In future numbers of the BULLETIN there will be more articles of this nature but we promise also that the more immediately practical and less theoretical articles will continue.

KARL S. BERNHARDT

The Father in the Family

KARL S. BERNHARDT*

WHEN FATHER loses his position in the family as Head of the Household he seems to become a kind of fifth wheel. He is, of course, still important as a wage-earner and as a kind of court of final appeal in matters of discipline, but in the intimate details of family life he is often a bystander. However, this is not true of all fathers; many have become more intimately involved in family activities. Some are entertaining story tellers to toddlers, and others are sources of information for eager school-age researchers, many are good baby-sitters, even to changing diapers and preparing formulas. Fathers are not left out of the picture in all families by any means, but their role in the family needs to be more clearly defined and understood.

To understand father's place in the family requires some discussion of family organization and especially the changes that have been taking place in the way the home is managed. For some time now we have been in the midst of a transition from an authoritarian to a more democratic form of family. In this change father has discovered that he is not alone on his throne. When the promise to obey dropped out of some marriage ceremonies we indicated that we were trying to think of marriage as a partnership of equals. Such changes in attitude and approach to an institution as complex as marriage take time; the traditions of centuries do not disappear overnight. An equality relationship requires techniques to resolve differences in opinion and methods. One such technique is discussion culminating in agreement which is usually a compromise. Most of us find discussion often deteriorates into argument. Many of the traditional patterns of the authoritarian family persist and confuse the picture of a family based on an equality husband-wife partnership. For instance, in many families father is still the sole authority on the management of the family income, and doles out a fixed amount for the other partner to manage.

Social change and transitions from one pattern of living to another are often confusing and disruptive. This seems to be true of the rapid changes that are taking place in family life. Such changes may run contrary to

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the deeply ingrained habits of thinking and feeling that colour and help to determine the way we behave. When we take time to examine and evaluate the goals and principles that guide our behaviour some of this confusion disappears.

One of the comforting aspects of a husband-wife "partnership" is the mutual help and support possible to each partner. In the family, mother and father can be of enormous help to each other by discussing the children's development and the methods used in their training. It is extremely important that the requirements which are enforced in the family be consistent. Father and mother should make the same demands of the children. This requires considerable discussion and agreement between the parents as to what is reasonable and what can be ignored. It often happens that father tends to be either more demanding or more lenient than mother. This difference in treatment can be not only confusing to the child but destructive of effective training.

Mother and father can be very helpful to each other also towards attaining a more objective view of children's development. When mother is dealing every day with the intimate details of the children's behaviour it is sometimes difficult for her to maintain the necessary perspective. Small difficulties may loom large and obscure more important issues. Through discussion some of these daily annoyances slip into their rightful place and cease to be so important or irritating. Father usually has the advantage of being less emotionally involved in the daily happenings and may thus be able to bring a different point of view to the discussion. Of course, father helps by being sympathetic and supportive, but he can also provide greater objectivity and a long-range perspective.

Fathers have a greater chance today to participate in the intimate life of the family because they have more leisure time than formerly. The five-day work week means that most fathers have two days at home and can be available some of the time to relieve mother of the supervision of the children. If father accepts this opportunity it can pay big dividends. He can get to know his children better, and they can get to know their father. He can be more intelligent in discussions about the children and can become more understanding of the daily problems and difficulties that beset the mother. And by no means the smallest dividend is the relief that mother is offered. Mother really can do a much better job of supervising her children if she has some time when she is freed of the responsibility. Some families have discovered how valuable it can be to all concerned to plan a regular time each week when father takes charge of the children and mother is free to do whatever she likes.

The main way that children learn the meaning of marriage and family life is through observing their own parents. It is a very fortunate child

who gathers his meanings of marriage and family life from parents who enjoy each other and show a pattern of happy and effective partnership. Boys and girls develop their ideas of the roles of men and women in our society from seeing how their own parents behave. Not the least, then, of father's responsibilities is to provide his children with a picture of mature, adult behaviour. In some families, as the children get older, a division of responsibility develops in which father takes more responsibility for the boys and mother for the girls. It is doubtful whether this is desirable. Boys need companionship with both parents; girls can profit from contact with father as well as mother.

Some families have made quite effective use of what is often called a family council. Sometimes all members of the family meet regularly and rather formally, sometimes the informal get-togethers are frequent though irregular. But the basic idea is the same—a chance to talk over the business of living together and make family decisions, set up rules, share work, and settle differences and difficulties. Family councils seem to be most successful when father is able to restrain himself from laying down the law and can instead *consider* the complaints and suggestions of the rest of the family. This means that father has accepted the change from the "head of the household" role to that of a member of a little group which is trying to learn how to live together happily and efficiently.

Father has an important place in the family. True, his role is no longer that of a dictator, benevolent or otherwise. But he can be far *more* important: a participating member of a partnership, an understanding friend and guide of his children, an interesting, entertaining member of a group, and an example of adult adjustment. It is very easy for father to be left out of the important family happenings, especially when the children are young or if father lets himself become merely the family banker and judge. Being a functioning father takes planning, thought, and effort, but the rewards are great. There is nothing more thrilling in human experience than watching and sharing in the growth and development of children. The day is fast going when fathers are cast in the role of Santa Claus or bogey man. Either they are relegated to the background or they take an active contributing place in family life. Today's families still *need* fathers, and fathers are finding deep satisfaction in being active in their role.

Curing and Preventing

WILLIAM E. BLATZ

HOW ARE YOU?—These three words are probably spoken more often than any other combination. However, the inquirer is not interested in how you are, and would be embarrassed if you answered at any length, unless of course he anticipated that you would listen to him equally long!

At any rate he would be thinking of "health"—one of the most difficult words to define, difficult perhaps because we only think of our health when we are unhealthy! Even the physician defines health in negative terms, namely as the absence of disease. His technique is to examine the patient for all the obvious diseases, in the absence of which he says, "you are healthy."

Each one of us, however, is interested in our own feeling of wellness or illness, and in the presence of the latter, we seek some means to return us to the former. In other words, we look for a cure, a remedy, relief, alleviation, at times a miracle. At any rate, we know when we are "under the weather" and pay attention to this condition to various degrees, trying this and that until either we succeed in getting "on top of the weather" again, or make the best of it.

Over the years, it is not to be wondered at that specialists undertook to look after us, out of which evolved the "practice" of medicine. The *art* of curing, or, as the Greeks would have it, therapeutics, hence emerged as a vocation among human beings. To be respectable in civilized societies, artists belong to a well-organized union. But since a patient, so well named, is more interested in the end result, namely the restoration of his comfort, than in the niceties of method, there are many more artists than licensed physicians who administer to the ill. Perhaps this is as it should be in a free society, especially since there is still a broad unexplored field in the practice of the art.

Much more recently than the specialty of curing, which goes far back into antiquity, man became interested in *preventing* illnesses or diseases. The Greeks have a word for this activity too, namely prophylaxis. But this field of endeavour is quite different from curing. In order to prevent a disease, it is necessary first to establish a close relationship between an antecedent condition and the onset of a disease. In loose language, the "cause" of the disease must be finally established and then brought under control. For example, the primary "cause" of diphtheria is known to be

the organism that may be isolated in all cases of the disease. By introducing into the body of a young child certain substances under certain conditions, such child's chances of contracting this often fatal disease are reduced almost to zero. This fact has been demonstrated time and time again, so that today it is accepted by parents that children can be treated so as to be immune to this scourge. However casually we accept this miracle of modern medical science, it is well to keep in mind that years of research preceded the perfection of the technique. The scientists over the years contributed, each his mite, to the accumulation of the facts necessary for the success of the final result. There is no "art" in prevention; a bedside manner is not only irrelevant but ineffective. Prophylaxis can only be successful if the scientists can demonstrate that the "cause" of the disease can be controlled. The disease itself is not eliminated but the person is safeguarded in some way from contracting it.

The third trend in a discussion of health, which is so modern it hasn't yet received an acceptable Greek word, is the promotion of optimum positive health. Note the clumsy way we must try to indicate the modern trend toward betterment! But this story will be dealt with in a subsequent article.¹

We have been dealing with the subject of curing and prevention in the field of physical health. There are some differences as well as similarities in the field of mental health. (Although the psychosomatic enthusiasts will claim that the distinction between mental and physical is difficult to define, we will accept the naïve stand that it is possible to make such a distinction, just as the psychiatrists do.)

In the first place, the curing of patients with mental illness is still very *much* of an art. Whatever ancillary devices are employed—shock, tranquilizer, sedatives, truth-sera, psychodrama, etc.—the impact of the personality of the "curer" is still highly significant. There are many "schools" of therapy, all equally successful (or not) because of the validity of the preceding sentence.

Since Kraepelin outlined, in his precise teutonic manner, what he considered to be disease entities, the psychiatrists who followed have invented innumerable names and nomenclature for these states of disability and have then proceeded to cure them more or less successfully, largely because in many cases, if not interfered with too much (c.f. Roger's so-called non-directive technique), the condition is self-limiting.

The greatly expanded interest in the study of young children in all fields in the early part of this century contributed some startling insights into human development, and in no field more promising than that of

¹The Institute's ideas on positive health are given in the booklet *Well Children*, 1955, distributed by the University of Toronto Press.

child psychology. At the Institute of Child Study at the University of Toronto, it became clear that the classification of mental illnesses into water-tight disease entities could not be supported. Whatever symptoms or behaviour patterns or what-not were considered abnormal, all of these could be identified to some extent in all children. Hallucinations, delusions, manic impulses, despair, fears, the whole gamut of the psychiatric Pandora's box, could be recognized in all children to some degree. Not only in children but in so-called patients, no matter what the outstanding behaviour pattern—overt or tacit, a careful examination will discover traces of all the so-called abnormal symptoms.

The demonstration of this relationship between early experience and later manifestation is of course not new, but the significance of this relationship makes it necessary to review the whole field of mental health in terms of a new theory of genesis of mental illness quite opposed to the doctrine of "specific" mental illnesses.

Let who will be therapists! The field of prevention of mental illness is gradually assuming far more significant proportions. Psychiatry as a special art of medicine cannot solve this problem. There are not, nor ever will be, enough psychiatrists to carry on an effective preventive programme—just as there are not enough physicians to carry on a public health programme without the help of many other disciplines.

The scientist must engage his efforts not in the field of therapy but in the field of pure science; the psychologists, sociologists, anthropologists, educators must do likewise. The facts must be gathered brick by brick until someone will be able to build an edifice to house a truly preventive technique that can be applied to the general populace.

But in the meantime, there is much to be done. The field is open to some shrewd guessing. It is not disgraceful to get out on a limb when nothing can be gained by clutching the trunk with both arms, and so here goes:

1. Far too much emphasis has been placed on heredity in the field of mental health. Interpretation of the results of longitudinal studies seems to indicate that although children differ at birth, the differences are quantitative rather than qualitative. The differences in personality are derived almost completely from the impact on the organism of its social environment. (The so-called evidence of identical twins reared apart is wholly misleading because of the absence of finer measuring devices.) If this is true, then prophylaxis in this field holds infinite promise.

2. There still remains the problem of establishing how some children succumb as adults to a disability more or less severe and of varying duration, and how others who *seem* to experience the same environmental impact (e.g. war) do *not* succumb.

The theory of "accepting consequences" towards an inner security is suggested by the researches at the Institute as a possible explanation of this seeming discrepancy. Consequences become part of the thinking of all human beings; the method each one employs to deal with this phenomenon determines his resistance to surrender or, on the positive side, indicates his successful dealing with problem situations.²

3. Although an effective plan for preventive work must await the definitive findings of the scientists, a rule-of-thumb campaign may be initiated based on common sense plus some good guesses based on interim research findings. A precedent for this may be cited in the field of tuberculosis control. Although all the facts are not available, a rule of thumb plan has been in operation. Until very recently, this has been controlled fairly successfully by such general measures as fresh air, rest, adequate diet, early diagnosis, and so forth. Why they worked was not fully understood, but they did. In the field of mental health, some such simple rules are available though not universally accepted. It is significant, however, that the rules are invariably incorporated into a system of child training.

The rules advocated by the Institute will be discussed at greater length in a subsequent article. Obviously they will be derived from the suggestions given in the discussion of the Security Theory.³

4. The method of administering a programme of prevention provides room for further research, but obviously, the two avenues through which a plan could be carried out are parents and teachers; all children pass through the hands of both these. The method of educating the educator and then supervising the next step offers many difficulties. It is so much easier to have a robot dump chlorine into our drinking water and stave off typhoid fever. To stave off mental disabilities is a far more difficult task because of three lacks:

- (i) a scientifically established causal sequence of events in this field;
- (ii) a reasonably effective method of education, e.g. parent education, teacher training in child development;
- (iii) a tolerant attitude on the part of the public that there will have to be radical changes in human values if any plan is to function successfully, e.g. reduction, if not elimination, of wasteful personal competition, revision of standards of "success."

Prevention always implies optimism. In other words, what is undesirable may be avoided. Who is to decide what is undesirable? This aspect of the subject will be discussed in a later issue.

²See the following article by Dr. Grapko in this issue.

³*Ibid.*

The Development of Security in Children

MICHAEL F. GRAPKO*

A CONCEPT of mental health, in order to be useful in a programme of promotion, must fulfil certain demands. In the first place such a concept must be equally meaningful when we make reference to childhood or to adulthood, to infancy or to old age. A mental health concept must be universal in the sense that the goal has application for the child in Toronto or the native in central Africa. As a goal, the concept must reflect the principle of attaining rather than attainment. Finally the concept must give way to measurement and verification.

It is being proposed that the concept of security fulfils these criteria. Security is defined as "a state of mind which is accompanied by a willingness to accept the consequences for one's own decisions or actions."¹ It is a truism that all human activities are wilful and selective and preceded by a decision to act. At times the decision may be impulsive and spontaneous, at other times thoughtful and calculated. In general, there is a direct relationship between the time and thought given to a decision and the significance of the act.

The consequences or outcome of an action may represent success or failure, joy or despair, life or death. Consequences which lead to success, joy, and fulfilment are readily acceptable. In fact, the essential feature of learning is to assure reasonable success in arriving at pleasant consequences for those activities which are important to us. However, inevitably some decisions and actions go awry, leading to failure, disappointment, restriction, or injury. It is the willingness to accept these consequences, as well as the ability to arrange for pleasant consequences, that represent a measure of security.

Security is not the passive acceptance of failure. It is only as the person is willing to face up to unpleasant consequences that he will strive to improve his judgment in making future decisions as he engages in future

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¹W. E. Blatz, *Understanding the Young Child*. Clarke-Irwin, pp. 278, 1944.

action. The person who succeeds in avoiding unpleasant consequences denies himself the opportunity for learning and growth.

Security begins at birth. The newborn infant is secure in so far as decisions, actions, and consequences are handled adequately and effectively on his behalf. The consistent administration of physical and psychological care assures the child of regularity and predictability in meeting his fundamental needs and appetites. At the same time, care provides the basis for relationship between the child and mother, which reflects the child's faith, trust, and confidence in the benign agent. The form of security achieved by the young child is called *immature dependent security*—immature because the nature of relationship is only one-way (the child relies upon his mother) and dependent because the child is yet to achieve the skill and understanding to handle his own affairs.

As the child grows, he makes increasing progress towards independence. Activities for which the parent took responsibility are gradually being taken over by the child. The activities which constitute the fulfilment of basic needs and wants of the child are regarded as the significant "events" of his life. He begins to feed himself, look after his own toilet needs, dress and wash himself. During the school years, he knows his way to school, is beginning to read for himself, scribble his own letters, figure out solutions for his own problems, select his own friends, spend his allowance in his own way, and pursue his own interests.

The child who succeeds in acquiring skill in line with his needs and aspirations experiences *independent security*. Thus the boy who reads at a level of efficiency which meets the standard for his grade and also his own level of aspiration is independently secure in regard to his reading activity. It is recognized, however, that as the standard is raised or the boy strives to reach a higher level of performance, his feeling of independent security is, temporarily, held in abeyance. Accordingly, independent security is a function not only of the individual's capacity to acquire skill and knowledge but also of his aspiration for achievement.

Activity reflecting skill assures a pleasant outcome. The boy who gets on his bicycle and can ride enjoys the experience. Thus the sum total of skills and knowledge represents a measure of the individual's independent security, particularly as the skills and knowledge have reference to the significant events of daily living and current interests and desires of the individual.

An activity which is performed without skill usually leads to an unpleasant experience. The consequences of such an act may induce additional frustration, disappointment, embarrassment, breakage, or injury. To the extent that the individual accepts the outcome, and takes

his error into account in improving his next performance of the act, he is disposed to the attainment of independent security.

In the training and early education of young children, it is mandatory that the child face mistakes and failure as an inevitable part of learning, and as a necessary condition to the acquisition of independent security. As the child strives for emancipation he must accept a state of *insecurity*. Insecurity is a complex phenomenon. To be sure, it is inevitable in human experience. However, as with the emotion of fear, insecurity manifests progressive levels of intensity.

The initial insecurity which the child feels as he tries to do something himself for the first time is experienced as a mixture of apprehension and excitement. His willingness to deal with the problem and expend effort in achieving skill gradually dispels the apprehension and converts the excitement into a sense of satisfaction. On the other hand, persistent failure with a problem induces panic and despair. To engage in repeated failures in face of several problems introduces a generalized or pervading insecurity which gradually undermines the foundation for growth in self-confidence and independent security.

Contrary to popular contention, mental health is conceived of not as the struggle to minimize or avoid all insecurity, but rather as the development of attitudes and practices which promise skill and confidence in dealing with insecurity.

The child who is overwhelmed by insecurity seeks an escape. A probable impulse is to regress to immature dependent security. The child who has an unfortunate first day at school returns home crying, hates school, and wants to stay at home. *Regression* is a normal and often necessary condition of childhood. However, a continuance of regression into late adolescence and early adulthood is a signature of retarded growth in mental health.

A second avoidance reaction from feelings of insecurity is achieved by the use of a *deputy agent*. Any mechanism or technique whereby the individual seeks to avoid blame, guilt, or error fulfils the function of a deputy agent. Hence the child who deceives his teacher strives to escape a situation about which he feels insecure. Pretense of illness may often succeed in relieving a person from a task or situation which is seen as unpleasant or threatening. Hysteria is a more convincing display of the same phenomenon. Procrastination, rationalization, paranoia, alcohol, drugs, and wanderlust are other deputy agents.

While common forms of deputy agents at the preschool level are temper tantrums and excessive crying, deputy agents common to the school-age period are fantasy and daydreaming, lying, bullying, "sour

grapes," excessive hero-worship, negligence, and forgetting. The deputy agent serves as an expedient method in resolving insecurity. As such, it is a common, necessary, and useful device. The persistent and excessive use of the deputy agent denies the person the opportunity for a more healthy attack on daily problems and situations. The compulsive use of a deputy agent is tantamount to mental ill-health.

Many daily activities involve the person in a social setting; some activities are made possible only when two or more persons take part, such as a game of tennis. When two or more people share in an activity, the decision to act and the resultant consequences involve all members concerned. The boy who strikes out at baseball counts one out for the team. The child at one end of a teeter-totter contributes to the enjoyment of the other child, as well as himself. The child who engages in an activity with another, and shares in the decision and outcome of the act, reflects *mature dependent security*. A necessary condition of mature dependent security is that there exist mutual faith, trust, and confidence. While the relationship in immature dependent security is one-way, in mature dependent security the relationship is two-way. Responsibility and social growth are manifest in this reciprocal relationship.

As the child grows, he is introduced to many new activities or "events." He starts school, joins in play groups, forms gangs, participates in games, learns about things, people, and himself. He also expresses continuous change in his interests, likes, hopes, ideas, and attachments. During this time, the child is disposed more critically to the acquisition of a basic pattern of response than at any other time of his life. He needs help and guidance in facing new activities, not so much in carrying out the activities as in fostering healthy attitudes and practices in dealing with them. The child who is helped to see success in his mistakes, progress in his failures, satisfaction in his persistence, hope in his daily problems, achieves an orientation to learning and to living which assures his mental health.

Child Study is a Career

CHILDREN and child study are interesting to persons with a wide variety of backgrounds and offer a diverse choice of job challenges as goals. Over the years, students from many corners of the world have come to the Diploma Course in Child Study at the Institute. One year it is a group of teachers from Thailand come to prepare themselves for setting up a child study programme in Thailand; other years, Pakistan, China, and Jamaica, as well as the United States and Canada, are represented in the student group.

Diploma graduates are teaching children in government sponsored as well as private nurseries, in children's hospitals, in centres for emotionally disturbed children, in clinics and schools meeting the special needs of physically and mentally handicapped children of nursery age. Graduates in parent education are making a real contribution to community life by leading small and sometimes large groups of parents in discussions towards a better understanding both of themselves as parents, and of their children. Presumably, they themselves have become better parents, too! Graduates of the option, Mental Health in Education, already experienced teachers, will be principals, vice-principals, mental health officers and department advisers. The future scope for Diploma graduates is broad and challenging; many jobs are ready for them now.

The Diploma Course in Child Study has attracted students of children for many years now and, again this coming year 1957-58, offers three options of emphasis. Its central theme is that of the programmes for the St. George's Schools of the Institute: *mental health of the developing child*. The Schools themselves provide "living laboratories" for student observation and apprentice teaching experience.

The Diploma Course is offered by the Institute to persons with an Arts degree or equivalent. The Diploma itself is granted by the University of Toronto.

Option I, Childhood Mental Health, is designed to prepare students for practical professional work with groups of children of nursery school age. It is usual for Option I students to complete the Course in one year; however, longer programmes for part-time students may be arranged.

Option II, Mental Health in the Home, prepares students, usually themselves parents, for professional work in Parent Education either with individual parents or in groups. Its three units, on a part-time basis, are completed in three years.

Option III, Mental Health in Education, is designed for experienced teachers. Students are recommended by their Boards of Education and take the Course during a year's leave of absence.

Institute of Child Study Calendars for the session 1957-58 may be obtained by writing to the Secretary, 45 Walmer Road, Toronto 4.

Book Reviews

Home Play for the Preschool Child, by JUNE JOHNSON. Harper & Brothers, New York, 1957. Pp. 140, \$2.25.

THIS LITTLE BOOK of creative crafts and activities, written by a mother, will be, in spite of its small size, an extremely valuable help in planning for the play of preschool children. Useful, too, will it be to nursery teachers and those planning programmes for young children in religious education settings. The book is full of all kinds of practical details, such as how to prepare, store, present, and give help with, various materials. Photographs of work actually done by preschoolers will be a help to parents in knowing what to expect, and underscore the general theme of the book: "the nursery years should be full of wonderful fun and tremendous learning."

NAN FOSTER
Parent Education Division
Institute of Child Study

The Young Child in School, by CLARK E. MOUSTAKAS and MINNIE PERRIN BERSON. Whiteside, Inc. and William Morrow, New York (George J. McLeod, Ltd., Toronto), 1956. Pp. 256, \$4.75.

AT LAST we have a book describing what is actually happening in a variety of nursery centres. Four basic philosophies of nursery education are indicated, with the extent to which each is accepted in theory and practice. The book is also valuable in that it refers to a large number of researches related to the impact of the nursery school on the children and parents concerned.

The experienced nursery educator reading this book will see her own nursery theory and practice in a broader perspective, will come to feel that there is no "one way" but many ways which make for "successful" nurseries. She will be helped to evolve a philosophy which is uniquely her own within a framework which makes possible the staff teamwork so essential in a nursery.

The authors feel that the co-operative nursery school has many values which cannot be realized in the nursery where the parents' part is a

secondary one. It is strange in fact that they do not extend their fourth (and favoured) philosophy of the "child-centred nursery" to its logical development into the "family-centred nursery."

Nursery educators in Canada will be interested to read the frequent comparisons of the writings of "Blatz *et al.*" with those of other well-known writers in this field. One is left with the feeling that it is time that "Blatz *et al.*" issued a new book on their theory and practice of nursery education. It may well be that a philosophy stressing the balance between conformity and creativity is the synthesis towards which these other four approaches are leading.

ELSIE STAPLEFORD

*Director, Day Nurseries Branch
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Our Backward Children, by KARL F. HEISER. W. W. Norton & Co. Inc., New York (George J. McLeod, Ltd., Toronto), 1955. Pp. 235, \$4.50.

THIS BOOK contains sound facts about the mentally handicapped and offers guidance to parents and to others keenly interested in the problem.

Dr. Heiser draws on his wide knowledge and long experience in the field of the mentally handicapped to present a clear and factual picture of the backward child and his parents. The most vital aspects which concern the child, everyday difficulties, frustrations, and future possibilities, are discussed with sincerity and understanding. Findings are presented from a study of existing public agencies which serve the child and advise parents often faced with a dilemma.

The author's positive attitude in terms of seeking ways of easing the present situation in which the mentally handicapped child is placed will certainly encourage parents and serve to stimulate public opinion.

A. M. STOCKER

*Principal, York Township
School for Retarded Children*

Educating Spastic Children, by ELEANOR SCHONELL. Clarke, Irwin & Co., Ltd., Toronto, 1956. Pp. 242, \$4.50.

THIS BOOK will appeal mainly to professional people working with children with cerebral palsy, but will be used as well by parents, students and interested lay people.

The book is written from a tremendous depth and breadth of experience with children who have cerebral palsy. However, the contents of the book are not restricted to one person's experience in the field of cerebral palsy but are based also on research done at the University of Birmingham Medical School and the Carlson House School and Centre for Spastics in Birmingham. This fairly comprehensive text approaches in a realistic way the problems a family faces in educating and caring for a child with cerebral palsy.

ELIZABETH MORROW
Instructor in Child Development
Hospital for Sick Children, Toronto

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Institute of Child Study

September 27, 28, 1957

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Family relationships in the home where there is a handicapped child.

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Child study books for this summer

BLINDNESS IN CHILDREN

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This book contains essential information for anyone with responsibility for or interest in blind children. Teachers, administrators, social workers, pediatricians, and others will find in this remarkable report a new understanding of blind children and a confirmation of the idea that blind children in preschool years require no special therapy but can—if treated as children in general are treated—grow up in a normal way. No previous report, based upon objective data and presented in objective terms, has ever dealt with such a large group of preschool-age children, and no report has even studied blind children so soon after birth. 160 pages. \$3.00

EDUCATION FOR GIFTED CHILDREN

by Robert F. De Haan and Robert J. Havighurst

Many new programs are under way in the United States for the education of gifted children. Teachers and administrators in charge of these programs will find in this book an excellent discussion of their problems and will be able to use it as a handbook for setting up these programs. Professors De Haan and Havighurst also discuss identifying intellectually gifted students. 328 pages. \$5.00

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